

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	G.G.		09-06-01
O.I.P.E. CLASSIFIER		21	9/24/01
FORMALITY REVIEW	✓	1124	10-4-01
RESPONSE FORMALITY REVIEW	T2	947	12/03/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
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50	✓

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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50-859  
 10/5  
 6/7  
 12-3-01